

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029664

7705

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St Louis

Length of stay in 1b

2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY St Louis

c. CITY OR TOWN

Overland

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Jewish Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

8425 Ann

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First John

Middle

Aubuchon

Last

4. DATE OF DEATH

Month July

Day 26

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/30/03

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carloader

10b. KIND OF BUSINESS OR INDUSTRY

Combustion Engine

11. BIRTHPLACE (City and state or country)

St Louis Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph Aubuchon

13b. MOTHER'S MAIDEN NAME

Cecilia

14. NAME OF HUSBAND OR WIFE

Frieda Aubuchon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

N/A

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frieda Aubuchon 8425 Ann Overland Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Remarriage into stomach as a result of ruptured esophageal varices. Contrib. Cause fractured skull, and cerebral hemorrhage apparently suffered in fall down stairs in back of home on July 11, 1963. Accident

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

(See above)

20c. TIME OF INJURY

Hour a.m.

Month, Day, Year

p.m. 7-11-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home 38

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St Louis Mo.

21. I attended the deceased from

and last saw her alive on

Death occurred at

4:15 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7/30/63

23c. NAME OF CEMETERY OR CREMATORY

St Peters

23d. LOCATION (City, town, or county)

St Louis

24. FUNERAL DIRECTOR

ADDRESS

Ortmann F Home 9222 Lackland Overland Mo

25. DATE RECD. BY LOCAL REG.

JUL 27 1963

26. REGISTRAR'S SIGNATURE

Ed Smith M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300 Rev. 4/59

1

2400 3/30

3

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.